

Agape Soccer Academy

This form **must** be completed for each academy participant and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate in Agape Soccer Academy activities without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my (or my child's) voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

The Agape Soccer Academy does **not** have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. I understand that playing or participating in Soccer may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as soccer, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in soccer include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity. I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in this sport and any related activities conducted by Agape Soccer Academy. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the academy, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the Agape Soccer Academy, its director, Diego A. Perez and their respective volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in Soccer Academy. I fully understand that the academy participant will be held responsible for all property damage. **This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.**

Please note: There is NO supervision after scheduled Agape Soccer Academy activities and parents or guardians are expected to be prompt in picking their child/ward. Agape Soccer Academy, Diego A. Perez, and any associated volunteer will not be held responsible for who picks up or drops off your child/ward.

*Permission for Agape Soccer Academy to use photos and videos of your child taken from practices and games to be used in social media and websites to promote Agape Soccer Academy:
Yes ___ No ___

Parent/Guardian Signature _____

Print _____ Date _____

Email _____ Phone # _____